

REQUEST FOR QUALIFYING CMAQ/RSTP - STATE TSM MATCH MINIMUM INFORMATION REQUIREMENTS

PROJECT LOCATOR(DIST/CO/RTE/AGCY) _____
PROJECT NUMBER/NAME _____

1. SPONSORING AGENCY: _____
CONTACT PERSON: _____ **PHONE NO.** _____

RESPOND BY CHECKING AND ANSWERING THE FOLLOWING QUESTIONS.

2. ELIGIBLE FOR STATE ARTICLE XIX FUNDS : YES ____ NO ____
See Flow Chart Exhibit 7-H If not eligible stop here.

If # 2 is yes, CMAQ funded amounts are eligible for TSM match. Project type determines eligibility for STP funded projects.

3. FEDERAL PROGRAM: CMAQ _____	RSTP _____
TYPE OF PROJECT: HOV _____ TCM _____ TSM _____ (See reverse for project type descriptions for TCM & TSM)	
For TCM and TSM project types, define the qualifying category and describe the project features which qualify the project for State TSM Match funds (see <i>Local Assistance Program Guidelines</i> Chapter 17, "TSM Match Funds").	

ATTACH ADDITIONAL SHEETS IF NECESSARY
(PROVIDE SEGREGATED COST ESTIMATE FOR THE PROJECT IF NON-QUALIFYING ELEMENTS ARE INCLUDED.)

APPROVED

LOCAL AGENCY

DISTRICT LOCAL ASSISTANCE ENGINEER

DATE